

Applicant Company Name: Centene CorporationNAIC No. NoneFEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) If ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Orlando Middle: None Last: Ayala-Lozano

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☒ No ☐

If yes, what country? Colombia

3. Affiant's occupation or profession: Retired Chairman Emerging Markets, Microsoft Corporation

4. Affiant's business address: 1135 Evergreen Point Road, Medina, WA 98039

Business telephone: None Business Email: None

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
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<u>Universidad Jorge Tadeo Lozano</u>	<u>Bogota, Colombia</u>	<u>03/77 - 03/80</u>	<u>BS - A</u>
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Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
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<u>None</u>				
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Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
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<u>None</u>			
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information. Universidad Jorge Tadeo Lozano: 011 571 242 7030. Carrera 4a#22-61 Bogota D.C. Colombia

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6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending  
Dates (MM/YY): 09/11 - Present Employer's Name: Centene Corporation (Affiant is not an employee)

Address: 7700 Forsyth Boulevard City: St. Louis State/Province: Missouri

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: Director

Type of Business: Health Insurance Supervisor/Contact: Michael Neidorff / 314-725-4477

Beginning/Ending  
Dates (MM/YY): 1991 - 2016 Employer's Name: Microsoft Corporation

Address: One Microsoft Way City: Redmond State/Province: Washington

Country: USA Postal Code: 98052 Phone: 425-706-0522 Offices/Positions Held: Chairman, Emerging Markets

Type of Business: Technology Supervisor/Contact: Kevin Turner, Chief Operating Officer / 425-705-1101

Beginning/Ending  
Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending  
Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

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9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: None

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: None

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

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Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate

11(h): See Attachment A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

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office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: \_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

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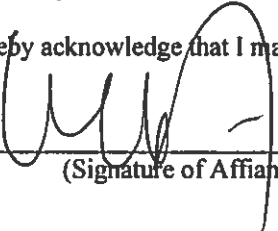
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

**15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.**

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
\_\_\_\_\_  
(Signature of Affiant)

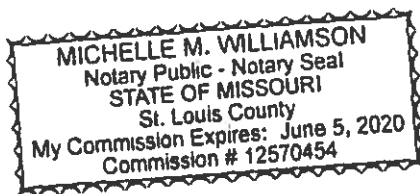
State of: Missouri County of: St. Louis


The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Orlando Ayala-Lozano, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



  
\_\_\_\_\_  
Notary Public  
Michelle M. Williamson  
Printed Notary Name  
June 5, 2020  
\_\_\_\_\_  
My Commission Expires

Biographical Affidavit  
Response to Question 11(h)

As a director of Centene Corporation (“Centene”), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



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To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Jessica Middle: Landrus Last: Blume

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Retired4. Affiant's business address: 3139 Founders Club Drive, Sarasota, Florida 34240Business telephone: 941-371-1872Business Email: blume1323@gmail.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Central Florida</u>	<u>Orlando, Florida</u>	<u>01/77 - 03/80</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

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NAIC No. None  
FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>International Women's Form- Suncoast</u>	<u>Kim Noyes</u>	<u>6120 S Lockwood Ridge Sarasota, FL 34231</u>	<u>941-925-2970</u>
<u>Women Corporate Directors</u>	<u>Lori Nissen</u>	<u>100 N Tampa Avenue Tampa, FL 33602</u>	<u>813-223-1466</u>

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 02/18-Present Employer's Name: Centene Corporation

Address: 7700 Forsyth Boulevard City: Saint Louis State/Province: Missouri

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: Board Member

Type of Business: Health Insurance Supervisor/Contact: Michael Neidorff, 314-725-4477

Beginning/Ending

Dates (MM/YY): 04/16-Present Employer's Name: Publix

Address: 3300 Publix Corporate Parkway City: Lakeland State/Province: Florida

Country: USA Postal Code: 33811 Phone: 800-242-1227 Offices/Positions Held: Board Member

Type of Business: Supermarket Chain Supervisor/Contact: Ed Crenshaw, Board Chair

Beginning/Ending

Dates (MM/YY): 05/89 - 08/15 Employer's Name: Deloitte, LLP

Address: 30 Rockefeller Plaza City: New York State/Province: New York

Country: USA Postal Code: 10112 Phone: 212-492-4000 Offices/Positions Held: Vice Chairman

Type of Business: Professional Services Supervisor/Contact: Partner Matters Department

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

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NAIC No. None

FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: \_\_\_\_\_

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Florida Division of Certified Public Accountants Address: 240 NW 76<sup>th</sup> Drive, Suite A

City: Gainesville State/Province: Florida Country: USA Postal Code: 32607

License Type: CPA License #: AC0014210 Date Issued (MM/YY): 05/84

Date Expired (MM/YY): 12/19 Reason for Termination: N/A - Active

Non-Insurance Regulatory Phone Number (if known): Unknown

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

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Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☐ No ☒

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

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12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

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office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

**15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.**

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

☒ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Jessica L. Blume  
(Signature of Affiant)

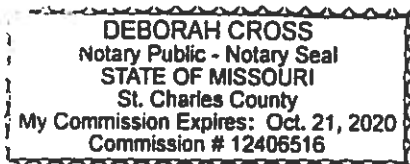
State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Jessica L. Blume, and:

☒ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Deborah Cross  
Notary Public  
Deborah Cross  
Printed Notary Name  
October 21, 2020  
My Commission Expires



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Christopher Middle: Donald Last: Bowers

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Executive Vice President, Markets

4. Affiant's business address: 7700 Forsyth Blvd., St. Louis, MO 63105

Business telephone: 314-725-4477 Business Email: cbowers@centene.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Ferris State University</u>	<u>Big Rapids, MI</u>	<u>09/73-05/78</u>	<u>B.S.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Western Michigan University</u>	<u>Kalamazoo, MI</u>	<u>1979-1980</u>	<u>None</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

None

7. Present or proposed position with the Applicant Company: Executive Vice President, Markets

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 11/16 - Present Employer's Name: Centene Corporation

Address: 7700 Forsyth Blvd City: St. Louis State/Province: MO

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: EVP, Markets

Type of Business: Health care Supervisor/Contact: Michael Neidorff

Beginning/Ending

Dates (MM/YY): 01/08 - 11/16 Employer's Name: Centene Corporation

Address: 7700 Forsyth Blvd City: St. Louis State/Province: MO

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: SVP, Health Plans

Type of Business: Health care Supervisor/Contact: Rone Baldwin

Beginning/Ending

Dates (MM/YY): 04/02 - 12/07 Employer's Name: Superior Health Plan

Address: 2100 South III 35, Suite 202 City: Austin State/Province: TX

Country: USA Postal Code: 78704 Phone: N/A Offices/Positions Held: President and CEO

Type of Business: Health care Supervisor/Contact: Karey Witty

Beginning/Ending

Dates (MM/YY): 07/85 - 04/02 Employer's Name: Bronson Healthcare Group/United Health Care

Address: One Health Care Plaza City: Kalamazoo State/Province: MI

Country: USA Postal Code: 49001 Phone: N/A Offices/Positions Held: Director, Asst. VP & VP

Type of Business: Health care Supervisor/Contact: N/A

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: \_\_\_\_\_

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☐ No ☒

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

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12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. \_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details. \_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: \_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1295

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

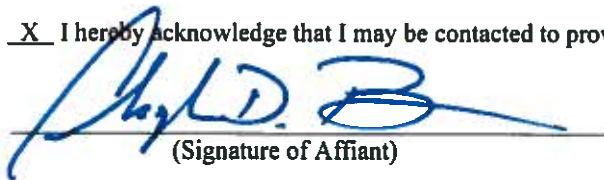
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

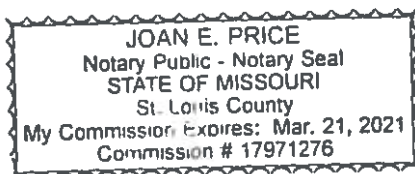
State of: Missouri County of: St. Louis


The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Christopher D. Bowers, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



  
Notary Public  
Joan E. Price  
Printed Notary Name  
March 21, 2021  
My Commission Expires



Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation, 7700 Forsyth Blvd., St. Louis, MO 63105, 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Mark Middle: Joseph Last: Brooks

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Executive Vice President, Chief Information Officer

4. Affiant's business address: 7700 Forsyth Boulevard, Clayton, Missouri 63105

Business telephone: 314-505-6076 Business Email: mark.brooks@centene.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>University of California, Davis</u>	<u>Davis, CA</u>	<u>1987-1999</u>	<u>BA Economics</u>	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>University of California, Davis</u>	<u>Davis, CA</u>	<u>1999-2002</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Project Management Institute</u>	<u>Sacramento, CA</u>	<u>2001</u>	<u>PMP</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company: Executive Vice President, Chief Information Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 03/16 - Present Employer's Name: Centene Corporation

Address: 7700 Forsyth Boulevard City: Clayton State/Province: Missouri

Country: USA Postal Code: 63105 Phone: 314-505-6076 Offices/Positions Held:  EVP, CIO

Type of Business: Health care Supervisor/Contact: Michael E. Neidorff

Beginning/Ending

Dates (MM/YY): 07/04 - 03/16 Employer's Name: Health Net, Inc.

Address: 12033 Foundation Place City: Rancho Cordova State/Province: California

Country: USA Postal Code: 95670 Phone: 916-935-1722 Offices/Positions Held: CIO

Type of Business: Health care Supervisor/Contact: James Woys

Beginning/Ending

Dates (MM/YY): 05/00 - 06/04 Employer's Name: Veritas Software

Address: 350 Ellis Street City: Mountain View State/Province: California

Country: USA Postal Code: 94043 Phone: 415-653-6550 Offices/Positions Held: Sr. Director, App Dev

Type of Business: Computer software Supervisor/Contact: Greg Valdez

Beginning/Ending

Dates (MM/YY): 05/95 - 05/00 Employer's Name: The Clorox Company

Address: 1221 Broadway City: Oakland State/Province: California

Country: USA Postal Code: 94612 Phone: 510-635-1200 Offices/Positions Held: Manager, App Dev

Type of Business: Soap/Detergent Manufacturing Supervisor/Contact: Rory Logrotta

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: \_\_\_\_\_

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☐ No ☒

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

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12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. \_\_\_\_\_

None

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. \_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details. \_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: \_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1295

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

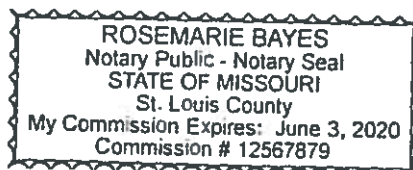
State of: Missouri County of: St. Louis


The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Mark J. Brooks, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



  
Notary Public  
Rosemarie Bayes  
Printed Notary Name  
June 3, 2020  
My Commission Expires



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation, 7700 Forsyth Blvd., St. Louis, MO 63105, 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Brandy Middle: Lynn Last: Burkhalter

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Executive Vice President, Operations

4. Affiant's business address: 7700 Forsyth Blvd., Saint Louis, MO 63105

Business telephone: 314-505-6014 Business Email: bburkhalter@centene.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>University Of Missouri</u>	<u>Columbia, MO</u>	<u>08/91-05/95</u>	<u>BS Accountancy</u>	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Missouri Society of CPA	None	540 Maryville Centre Dr. Saint Louis, MO 63141	314-997-7966

7. Present or proposed position with the Applicant Company: Executive Vice President, Operations

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 03/06- Current Employer's Name: Centene Corporation

Address: 7700 Forsyth Blvd City: Saint Louis State/Province: MO

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: EVP, Operations

Type of Business: Health Care Supervisor/Contact: Michael Neidorff

Beginning/Ending

Dates (MM/YY): 08/02 - 03/06 Employer's Name: Ernst & Young, LLP

Address: 190 Carondelet Ave City: Saint Louis State/Province: MO

Country: USA Postal Code: 63105 Phone: 314-290-1000 Offices/Positions Held: Sr. Manager

Type of Business: Accountancy Supervisor/Contact: Human Resources

Beginning/Ending

Dates (MM/YY): 08/95 - 08/02 Employer's Name: Arthur Andersen LLP

Address: 1010 Market Street City: Saint Louis State/Province: MO

Country: USA Postal Code: 63102 Phone: N/A Offices/Positions Held: Mgr & Sr. Accountant

Type of Business: Accountancy Supervisor/Contact: No Longer Exists

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☒ No ☐

If any claims were made on the bond, give details: None

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: MO State Board of Accountancy Address: 3605 Missouri Blvd

City: Jefferson City State/Province: MO Country: USA Postal Code: 65109

License Type: CPA License #: 081125 Date Issued (MM/YY): 04/96

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): Unknown

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes ☐ No ☒
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes ☐ No ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes ☐ No ☒
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes ☐ No ☒
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes ☐ No ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

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12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1295

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

Yes ☒ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

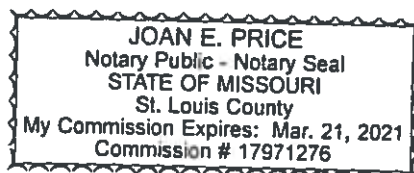
State of: Missouri County of: St. Louis


The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Brandy L. Burkhalter, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



  
Notary Public  
Joan E. Price  
Printed Notary Name  
March 21, 2021  
My Commission Expires



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Robert Middle: Keith Last: Ditmore

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Retired

4. Affiant's business address: None

Business telephone: None Business Email: None

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>San Jose State University</u>	<u>San Jose, California</u>	<u>09/1957 - 05/1959</u>	<u>BA</u>
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<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>None</u>				
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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<u>None</u>			
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

NAIC No. None  
FEIN: 42-1406317

**6. List of memberships in professional societies and associations:**

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<i>None</i>			

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending  
Dates (MM/YY): 04/96-Present Employer's Name: Centene Corporation (Affiant is not an employee)

Address: 7700 Forsyth Boulevard City: St. Louis State/Province: Missouri

Country: **USA** Postal Code: **63105** Phone: **314-725-4477** Offices/Positions Held: **Committee Chair** *Lead Director, Compensation*

Type of Business: **Health Insurance** Supervisor/Contact: **Michael Neidorff / 314-725-4477**

Beginning/Ending  
Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: None - Affiant retired in 01/95

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending  
Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending  
Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: Centeng Corporation

NAIC No. None

FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: None

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: None

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

**11(h): See Attachment A**

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: None

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

**15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.**

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]  
(Signature of Affiant)

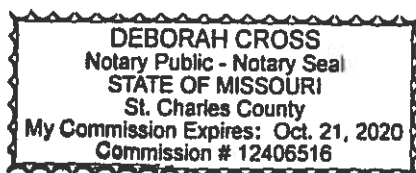
State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Robert K. Ditmore, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



[Signature]  
Notary Public  
Deborah Cross  
Printed Notary Name  
October 21, 2020  
My Commission Expires

Attachment A  
Biographical Affidavit  
Response to Question 11(h)

Robert Keith Ditmore

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Frederick Middle: Henry Last: Eppinger

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? None

3. Affiant's occupation or profession: Retired

4. Affiant's business address: None

Business telephone: None

Business Email: None

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>College of the Holy Cross</u>	<u>Worcester, MA</u>	<u>07/77 to 08/81</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Tuck School of Business Admin.</u>	<u>Dartmouth College</u>	<u>Hanover, NH</u>	<u>1985</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

None

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 04/06 - Present Employer's Name: Centene Corporation (Affiant is not an employee)

Address: 7700 Forsyth Boulevard City: St. Louis State/Province: MO

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: Director

Type of Business: Health Insurance Supervisor/Contact: Michael Neidorff / 314-725-4477

Beginning/Ending

Dates (MM/YY): 2003-2016 Employer's Name: The Hanover Insurance Group

Address: 440 Lincoln Street City: Worcester State/Province: MA

Country: USA Postal Code: 01653 Phone: 508-855-2600 Offices/Positions Held: President and CEO

Type of Business: Insurance Supervisor/Contact: Human Resources / 508-855-1000

Beginning/Ending

Dates (MM/YY): 2001-2003 Employer's Name: The Hartford Financial Group

Address: Hartford Plaza, 690 Asylum Avenue City: Hartford State/Province: CT

Country: USA Postal Code: 06115 Phone: 860-547-5000 Offices/Positions Held: Executive Vice President, Field and Service Operations

Type of Business: Financial Group Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2000-2001 Employer's Name: Channelpoint, Inc.

Address: 10155 Westmoor Drive City: Westminster State/Province: Colorado

Country: USA Postal Code: 80021 Phone: 303-818-8888 Offices/Positions Held: Senior Vice President

Type of Business: Strategic Marketing Supervisor/Contact: N/A

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

Beginning/Ending

Dates (MM/YY): 1985-2000 Employer's Name: McKinsey & Company

Address: 133 Peachtree Street N.E., Suite 4600 City: Atlanta State/Province: Georgia

Country: USA Postal Code: 30303 Phone: 404-335-3000 Offices/Positions Held: Partner, Financial Institutions Group / Associate, Financial Institutions Group

Type of Business: Consulting Firm Supervisor/Contact: N/A

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: None

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: None

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

**11(h): See Attachment A**

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: None

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation,

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

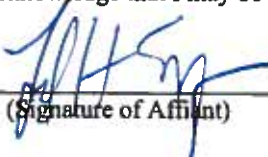
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

**15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.**

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

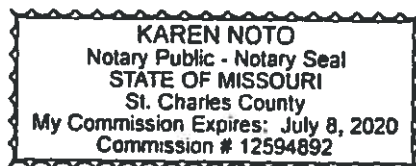
State of: Missouri County of: St. Charles

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Frederick H. Eppinger, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]





Notary Public

Karen Noto

Printed Notary Name

July 8, 2020

My Commission Expires

Attachment A  
Biographical Affidavit  
Response to Question 11(h)

Frederick Henry Eppinger

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



Applicant Company Name: Centene CorporationNAIC No. NoneFEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)**  
**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Richard Middle: Andrew Last: Gephardt

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: President and CEO, Gephardt Group, LLC

4. Affiant's business address: 2496 Jett Ferry Road, Atlanta, Georgia 30338

Business telephone: 202-403-2040 Business Email: dickgephardt@gephardtdc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Northwestern University</u>	<u>Evanston, IL</u>	<u>08/58 – 05/62</u>	<u>BS</u>
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>
	<u>University of Michigan</u>	<u>Ann Arbor, MI</u>	<u>08/62 – 05/65</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
--	---------------------	---	--

None

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 12/06 - Present Employer's Name: Centene Corporation (Affiant is not an employee)

Address: 7700 Forsyth Boulevard City: St. Louis State/Province: Missouri

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: Director

Type of Business: Health Insurance Supervisor/Contact: Michael Neidorff / 314-725-4477

Beginning/Ending

Dates (MM/YY): 01/05-Present Employer's Name: Gephardt Group, LLC

Address: 2496 Jett Ferry Road City: Atlanta State/Province: Georgia

Country: USA Postal Code: 30338 Phone: 202-403-2040 Offices/Positions Held: President and CEO

Type of Business: Consulting Firm Supervisor/Contact: Self

Beginning/Ending

Dates (MM/YY): 01/77-01/05 Employer's Name: US House of Representatives

Address: US Capitol City: Washington State/Province: DC

Country: USA Postal Code: 20515 Phone: 202-224-3121 Offices/Positions Held: US Representative

Type of Business: US Government Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: None

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: None

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

11(h): See Attachment A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: None

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

**15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.**

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Richard A. Gephardt  
(Signature of Affiant)

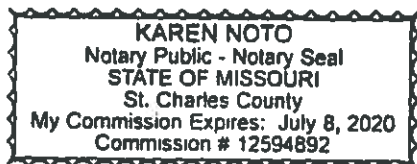
State of: Missouri County of: St. Charles

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Richard A. Gephardt, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



Karen Noto  
Notary Public  
Karen Noto  
Printed Notary Name  
July 8, 2020  
My Commission Expires

Biographical Affidavit  
Response to Question 11(h)

As a director of Centene Corporation (“Centene”), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105, 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Jesse Middle: Nathan Last: Hunter

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Executive Vice President, Mergers & Acquisitions and Chief Strategy Officer

4. Affiant's business address: 7700 Forsyth Blvd., Ste. 800, St. Louis, MO 63105

Business telephone: 314-725-4477 Business Email: jhunter@centene.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Miami University</u>	<u>Oxford, OH</u>	<u>08/93-05/97</u>	<u>BS Finance</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Washington University</u>	<u>St. Louis, MO</u>	<u>08/04-02/06</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Association for Corp Growth	Shannon Kimball	71 S Wacker Dr., Ste. 2760 Chicago, IL 60606	877-358-2220

7. Present or proposed position with the Applicant Company: Executive Vice President, Mergers & Acquisitions and  
Chief Strategy Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

**SEE ATTACHED LIST OF DIRECTORATES & OFFICERSHIPS**

Beginning/Ending

Dates (MM/YY): 02/02 - Present Employer's Name: Centene Corporation

Address: 7700 Forsyth Blvd., Ste. 800 City: St. Louis State/Province: MO

Country: USA Postal Code: 63105 Phone: 314-725-4477

Offices/Positions Held:

11/16/2017-Present – Executive Vice President, Mergers & Acquisitions and Chief Strategy Officer  
01/01/2016-11/15/2017 – Executive Vice President, Products  
12/03/2012-12/31/2015 – Executive Vice President, Chief Business Development Officer  
02/21/2012-12/02/2012 – Executive Vice President, Operations  
04/21/2008-02/20/2012 – Executive Vice President, Corporate Development  
04/24/2007-04/20/2008 – Sr. Vice President, Corporate Development  
10/25/2004-04/23/2007 – Vice President, Mergers & Acquisitions  
07/28/2003-10/24/2004 – Director, Mergers & Acquisitions  
02/18/2002-07/27/2003 – Manager, Mergers & Acquisitions

Type of Business: Health care Supervisor/Contact: Michael Neidorff

Beginning/Ending

Dates (MM/YY): 09/99 - 01/02 Employer's Name: Humana Inc.

Address: 500 W Main Street City: Louisville State/Province: KY

Country: USA Postal Code: 40201 Phone: 502-580-2016

Offices/Positions Held:

05/2001-01/2002 – Corporate Development & Strategic Planning  
09/1999-04/2001 – Manager, Mergers & Acquisitions

Type of Business: Health care Supervisor/Contact: Tom Liston

Beginning/Ending

Dates (MM/YY): 07/97 - 08/99 Employer's Name: Heller Financial/Health Care Financial Partners

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Address: 2 Wisconsin, 4<sup>th</sup> Floor City: Chevy Chase State/Province: MD

Country: USA Postal Code: 20815 Phone: 301-664-9818

Offices/Positions Held:

08/1998-08/1999 – Financial Analyst

07/1997-07/1998 – Account Manager

Type of Business: Financial services Supervisor/Contact: Howard Widra

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: \_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Yes ☐ No ☒

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

11(h): On June 11, 2012, Centene Corporation reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and was dismissed on October 22, 2012.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details. \_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1295

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

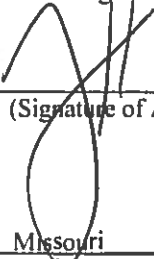
Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
\_\_\_\_\_  
(Signature of Affiant)

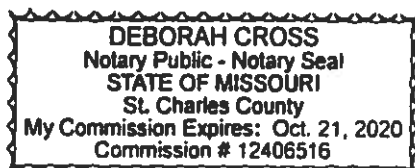
State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Jesse N. Hunter, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]





\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Deborah Cross

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
October 21, 2020

\_\_\_\_\_  
My Commission Expires

## JESSE N. HUNTER - 2019

<u>COMPANY NAME</u>	<u>TITLE</u>
Centurion Correctional Healthcare of New Mexico, LLC	Manager
Centurion Detention Health Services, LLC	Manager
Centurion of Alabama, LLC	Manager
Centurion of Arizona, LLC	Manager
Centurion of Florida, LLC	Manager
Centurion of Georgia, LLC	Manager
Centurion of Maryland, LLC	Manager
Centurion of Minnesota, LLC	Manager
Centurion of Mississippi, LLC	Manager
Centurion of New Hampshire, LLC	Manager
Centurion of Philadelphia, LLC	Manager
Centurion of Tennessee, LLC	Manager
Centurion of Vermont, LLC	Manager
Centurion, LLC	Manager
Forensic Health Services, LLC	Director
Hallmark Life Insurance Company	Director & Vice President
Interpreta Holdings, Inc.	Director
MHM Correctional Services, LLC	Director
MHM Health Professionals, LLC	Director
MHM Maryland, Inc.	Director
MHM Ohio, Inc.	Director
MHM Services of California, LLC	Director
MHM Solutions, LLC	Director
MHS Consulting International, Inc.	Director & Vice President
Next Door Neighbors, Inc.	Director & President
nirvanaHealth, LLC	Manager
Patriots Holding Co.	Director, Secretary & President
RxAdvance Corp	Director
U.S. Medical Management Holdings, Inc.	Vice President
U.S. Medical Management LLC	Vice President



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation, 7700 Forsyth Blvd., St. Louis, MO 63105, 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Christopher Middle: Russell Last: Isaak

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Senior Vice President, Corporate Controller & Chief Accounting Officer

4. Affiant's business address: 7700 Forsyth Blvd., St. Louis, Missouri 63105

Business telephone: 314-725-4477

Business Email: christopher.r.isaak@centene.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Notre Dame</u>	<u>South Bend, IN</u>	<u>08/1984 – 05/1988</u>	<u>Bachelor of Business Administration-Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene CorporationNAIC No. NoneFEIN: 42-1406317

## 6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Friends of the Cathedral Basilica – BOD	None	4431 Lindell Blvd. St. Louis, MO 63108	314-373-8200
The American Institute of Certified Public Accountants	None	1211 Ave of the Americas New York, NY 10036-8775	888-777-7077
MO Society of Certified Public Accountants	None	540 Maryville Centre Dr, St. Louis, MO 63141	314-997-7966

7. Present or proposed position with the Applicant Company: Senior Vice President, Corporate Controller &  
Chief Accounting Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

**SEE ATTACHMENT A FOR LIST OF DIRECTORATES & OFFICERSHIPS**

Beginning/Ending

Dates (MM/YY): 04/2016 - Present Employer's Name: Centene CorporationAddress: 7700 Forsyth Blvd. City: St. Louis State/Province: MissouriCountry: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: Sr. Vice President, Corp  
Controller, & CAOType of Business: Healthcare Supervisor/Contact: Jeff Schwaneke

Beginning/Ending

Dates (MM/YY): 06/2015 - 02/2016 Employer's Name: TTM Technologies, Inc. (TTM acquired Viasystem 6/1/15)Address: 101 S. Hanley, Suite 1800 City: St. Louis State/Province: MissouriCountry: USA Postal Code: 63105 Phone: 314-727-2087 Offices/Positions Held: VP, Corp ControllerType of Business: Manufacturing/Technology Supervisor/Contact: Todd Schull

Beginning/Ending

Dates (MM/YY): 10/2006 - 05/2015 Employer's Name: Viasystems Group, Inc.Address: 101 S. Hanley, Suite 1800 City: St. Louis State/Province: MissouriCountry: USA Postal Code: 63105 Phone: 314-727-2087 Offices/Positions Held: VP, Corp Controller, &  
Chief Acctg OfficerType of Business: Manufacturing/Technology Supervisor/Contact: Jerry Sax

Beginning/Ending

Dates (MM/YY): 07/2003 - 10/2006 Employer's Name: Kellwood CompanyAddress: 600 Kellwood Parkway City: Chesterfield State/Province: MissouriCountry: USA Postal Code: 63017 Phone: 314-576-3100 Offices/Positions Held: Dir/Deputy Dir-Internal Audit  
Dir-Corp Acctg/Fin RptgType of Business: Consumer Products/Retail Supervisor/Contact: Greg Kleffner / Lee Capps

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Beginning/Ending

Dates (MM/YY): 06/2002 - 07/2003 Employer's Name: KPMG

Address: 10 S. Broadway, Suite 900 City: St. Louis State/Province: Missouri

Country: USA Postal Code: 63102 Phone: 314-444-1400 Offices/Positions Held: Senior Manager

Type of Business: Public Accounting Firm Supervisor/Contact: Jerry Carlson

Beginning/Ending

Dates (MM/YY): 07/1988 - 06/2002 Employer's Name: Arthur Andersen LLP (no longer exists)

Address: 1010 Market Street, Suite 1000 City: St. Louis State/Province: Missouri

Country: USA Postal Code: 63101 Phone: N/A Offices/Positions Held: Senior Manager

Type of Business: Public Accounting Firm Supervisor/Contact: Larry Katzen

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: \_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Missouri Board of Accountancy Address: 3605 Missouri Blvd., PO Box 613

City: Jefferson City State/Province: MO Country: USA Postal Code: 65102-0613

License Type: CPA License #: 012960 Date Issued (MM/YY): 11/1988

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): Unknown

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☐ No ☒

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: \_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1295

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?  
Yes ☐ No ☒
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?  
Yes ☐ No ☒
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?  
Yes ☒ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Christopher Isaak

(Signature of Affiant)

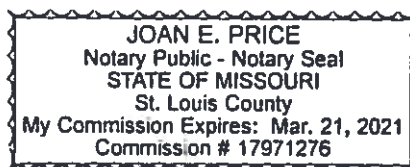
State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Christopher R. Isaak, and:

☒ who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



Joan E. Price  
Notary Public  
Joan E. Price  
Printed Notary Name  
March 21, 2021  
My Commission Expires

## Attachment A

## BIOGRAPHICAL AFFIDAVIT - CHRISTOPHER ISAAK

## List of Officerships

NAME OF HEALTH CARE OPERATIONS	ADDRESS	AFFILIATION DATES	NATURE OF AFFILIATION WITH FACILITY
Absolute Total Care, Inc.	1441 Main Street, Suite 900 Columbia, SC 29201	05/17-present	Director
Access Medical Acquisition, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Florida City, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Hialeah, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Miami, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of North Miami Beach, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Opa-Locka, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Perrine, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Tampa II, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Tampa III, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Tampa, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Access Medical Group of Westchester, Inc. (CMG)	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Agate Resources	1800 Millrace Dr. Eugene, OR 97403	10/17-present	Treasurer
Ambetter of Peach State, Inc.	1100 Circle 75 Parkway, Suite 500 Atlanta, GA 30339	10/17-present	Treasurer
Arkansas Total Care Holding Company, LLC	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09/17-present	Director
Arkansas Total Care, LLC	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09/17-present	Director
Calibrate Acquisition Co.	7700 Forsyth Blvd., Suite 800 Clayton MO 63105	06/18-present	Treasurer
Carolina Complete Health, Inc.	3120 Highwoods Blvd., Suite 212 Raleigh, NC 27604	04/18-present	Treasurer
Celtic Group, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	11/16-present	VP Finance, Controller, Treasurer / Director
Celtic Insurance Company	233 S. Wacker Dr., Ste 700 Chicago, IL 60606	05/17-present	VP Finance, Controller, Treasurer / Director
Centene Corporation	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/16-present	SVP, Corp Controller, CAO
Centene Health Plan Holdings, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	11/16-present	Treasurer
Community Medical Holdings Corp.	6100 Blue Lagoon Dr., Suite 365 Miami, FL 33126	06/18-present	Treasurer
Coordinated Care Corporation, Inc.	1099 N. Meridian Street, Suite 320 and 400 Indianapolis, IN 46204	08/16-present	Treasurer
DC Care Connections Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	11/16-02/17	Treasurer
Involve Dental IPA of New York, Inc.	7700 Forsyth Blvd., Suite 800 Clayton MO 63105	08/18-present	Treasurer
Involve Dental of Florida, Inc.	5130 Sunforest Drive, Suite 200 Tampa, FL 33634	06/17-present	Treasurer

Attachment A

BIOGRAPHICAL AFFIDAVIT - CHRISTOPHER ISAAK

List of Officerships

NAME OF HEALTH CARE OPERATIONS	ADDRESS	AFFILIATION DATES	NATURE OF AFFILIATION WITH FACILITY
Envolve Dental of Texas, Inc.	2100 S. Interstate 35, #202 Austin, TX 78704	08/17-present	Treasurer
Envolve Dental, Inc.	5130 Sunforest Drive, Suite 200 Tampa, FL 33634	06/17-present	Treasurer
Envolve, Inc.	7733 Forsyth Blvd, 14th Floor Clayton MO 63105	11/16-present	Treasurer / Director
Forensic Health Services, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
Foundation Health Facilities, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	08/17-10/18	Director
Health Plan Real Estate Holding, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	08/17-present	Vice President / Director
Healthy Oklahoma Holdings, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	05/16-present	Treasurer
Interpreta Holdings, Inc.	7700 Forsyth Blvd, Suite 800 Clayton, MO 63105	03/18-present	Treasurer / Director
Interpreta, Inc.	7700 Forsyth Blvd, Suite 800 Clayton, MO 63105	05/18-present	Treasurer / Director
Iowa Total Care	7700 Forsyth Blvd, Suite 800 Clayton, MO 63105	05/18-present	Vice President / Director
Isla Holding Company, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	05/18-present	Vice President / Director
MHM Correctional Services, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Health Professionals, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Maryland, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Ohio, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Service, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Services of California, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
MHM Solutions, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	04/18-06/18	Treasurer
Michigan Complete Health, Inc. (fka Fidelis SecureCare of Michigan, Inc.)	800 Tower Dr., Ste. 200 Troy, MI 48098	08/17-present	Treasurer / Director
Nebraska Total Care, Inc.	2121 N. 117th Ave., 3rd Floor Omaha, NE 68164	04/17-present	Asst Treasurer
Oklahoma Complete Health, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	06/16-present	Treasurer
Peach State Health Plan, Inc.	1100 Circle 75 Parkway, Suite 500 Atlanta, GA 30339	03/17-present 09/16-12/17	Asst Treasurer Director
Qualmed Plans for Health of Colorado, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09/17-10/18	President / Director
Qualmed Plans for Health of Pennsylvania, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09/17-present	President / Director
Qualmed Plans for Health of Western Pennsylvania, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09/17-present	President / Director
The Centene Foundation for Quality Health Care	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	10/17-present	Director
Western Sky Community Care, Inc.	7700 Forsyth Blvd, Suite 800 Clayton MO 63105	09/17-present	Treasurer



Applicant Company Name: Centene CorporationNAIC No. NoneFEIN: 42-1406317**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) If ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Frederic Last: Neidorff

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Chairman and CEO4. Affiant's business address: 7700 Forsyth Blvd., St. Louis, MO 63105Business telephone: 314-725-4477Business Email: MFN@Centene.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Trinity University</u>	<u>San Antonio, TX</u>	<u>09/61 – 05/65</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>St. Francis College</u>	<u>Loretta, PA</u>	<u>06/65 – 06/66</u>	<u>MA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Revised 04/08/19

Applicant Company Name: Centene CorporationNAIC No. None  
FEIN: 42-1406317

## 6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<i>Greater St. Louis Boy Scouts of America</i>	<i>Ronald Green</i>	<i>4568 West Pine Blvd, St. Louis, MO 63108</i>	<i>314-256-3004</i>
<i>Concordance Academy</i>	<i>Danny Ludeman</i>	<i>1845 Borman Ct St. Louis, MO 63146</i>	<i>314-396-6001</i>
<i>DeVos Institute of Arts Management</i>	<i>Aisha Wolo</i>	<i>1300 Pennsylvania Avenue NW, Suite 410 Washington, DC 20004</i>	<i>301-314-0940</i>
<i>Opera Theatre of St. Louis</i>	<i>Andrew Jorgensen</i>	<i>210 Hazel Avenue St. Louis, MO 63119</i>	<i>314-963-4237</i>
<i>St. Louis Symphony Orchestra</i>	<i>Marie-Helene Bernard</i>	<i>718 North Grand Blvd., St. Louis, MO 63103</i>	<i>314-286-4495</i>
<i>Trinity University</i>	<i>Danny Anderson</i>	<i>One Trinity Place, San Antonio, TX 78212</i>	<i>210-999-8401</i>
<i>National Urban League</i>	<i>Marc Morial</i>	<i>120 Wall Street, New York, NY 10005</i>	<i>212-558-5330</i>
<i>Civic Progress</i>	<i>Kathleen Strout</i>	<i>800 Market Street, Suite 1900, St. Louis, MO 63101</i>	<i>314-206-8523</i>
<i>G100</i>	<i>Daniel Casse</i>	<i>315 East Hopkins Avenue Aspen, CO 81611</i>	<i>970-544-9500</i>
<i>CEOs Against Cancer, St. Louis Chapter</i>	<i>Jason McClelland</i>	<i>4207 Lindell Blvd. St. Louis, MO 63108</i>	<i>314-286-8157</i>
<i>Kennedy Center</i>	<i>Deborah Rutter</i>	<i>Kennedy Center Washington, DC 20566</i>	<i>202-416-8066</i>
<i>St. Louis Regional Chamber</i>	<i>Ann Joos</i>	<i>One Metropolitan Square St. Louis, MO 63102</i>	<i>314-444-1101</i>
<i>Yale Schwarzman Center</i>	<i>Stephen Schwarzman</i>	<i>160 Grove Street New Haven, CT 06511</i>	<i>212-583-5823</i>
<i>United Way of Greater St. Louis</i>	<i>Bob Peranich</i>	<i>910 North 11<sup>th</sup> Street St. Louis, MO 63101</i>	<i>314-539-4012</i>

7. Present or proposed position with the Applicant Company: Chairman and Chief Executive Officer

## 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 06/96 – Current Employer's Name: Centene CorporationAddress: 7700 Forsyth Boulevard City: St. Louis State/Province: MO

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: Chairman and CEO (11/17 – Present); Chairman, President and CEO (05/04 – 11/17); President and CEO (06/96 – 05/04)

Type of Business: Health Insurance Contact: Human Resources, 314-725-4477

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: \_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country

Revised 04/08/19

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

11(h): See Attachment A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: \_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1295

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

**15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.**

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

State of: Missouri County of: St. Louis


The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Michael F. Neidorff, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



  
Notary Public  
Michelle M. Williamson  
Printed Notary Name  
June 5, 2020  
My Commission Expires

Attachment A  
Biographical Affidavit  
Response to Question 11(h)

Michael Frederic Neidorff

As a director and officer of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A class action lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Federal court on June 29, 2012. A shareholder derivative lawsuit relating to the same set of facts was filed in Missouri State court on August 6, 2012. The Federal lawsuit was dismissed on September 24, 2012 and the shareholder derivative lawsuit was dismissed on October 22, 2012.
- On November 14, 2016, a putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, was filed against Centene and certain of its executives in the U.S. District Court for the Central District of California. In March 2017, that Court entered an order transferring the matter to the U.S. District Court for the Eastern District of Missouri. The plaintiffs in the lawsuit allege that Centene's accounting and related disclosures for certain liabilities acquired in the acquisition of Health Net, Inc. violated federal securities laws. In July 2017, the lead plaintiff filed a Consolidated Class Action Complaint. Centene filed a motion to dismiss this complaint in September 2017. In February 2018, the Court held a hearing on the motion to dismiss but has not yet issued a ruling.
- On January 24, 2018, a separate derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. The derivative complaint repeats many of the allegations in the federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, described above and asserts that defendants made inaccurate or misleading statements, and/or failed to correct the alleged misstatements.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: Rumley Last: Roberts

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? None

3. Affiant's occupation or profession: Retired CPA

4. Affiant's business address: 126 North Price Road, St. Louis, Missouri 63124

Business telephone: 314-991-0349

Business Email: jrrobertsstl@gmail.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Alabama</u>	<u>Tuscaloosa, Alabama</u>	<u>09/59 to 05/63</u>	<u>BS-Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<i>American Institute of Certified Public Accountants</i>	<i>None</i>	<i>1211 Avenue of the Americas, New York, NY 10036</i>	<i>212-596-6200</i>
<i>National Association of Corporate Directors</i>	<i>None</i>	<i>2001 Pennsylvania Ave. NW, Suite 500, Washington, DC 20006</i>	<i>202-775-0509</i>

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending  
Dates (MM/YY): 03/04 - Present Employer's Name: Centene Corporation (Affiant is not an employee)

Address: 7700 Forsyth Boulevard City: Saint Louis State/Province: Missouri

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: Director and Audit Committee Chair

Type of Business: Health Insurance Supervisor/Contact: Michael Neidorff / 314-725-4477

Beginning/Ending  
Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: None - Affiant retired in 12/98

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending  
Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending  
Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: None

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: None

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: State of Alabama(plus other States from time to time) Address: 7700 Washington Avenue, Suite 226

City: Montgomery State/Province: Alabama Country: USA Postal Code: 36104

License Type: Certified Public Accountant License #: SSN Date Issued (MM/YY): 01/67

Date Expired (MM/YY): 12/99 Reason for Termination: Retirement

Non-Insurance Regulatory Phone Number (if known): Unknown

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
- Yes ☐ No ☒
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes ☐ No ☒
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes ☐ No ☒
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes ☐ No ☒
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes ☒ No ☐
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes ☐ No ☒
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

11(h): See Attachment A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: None

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. NA

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Yes ☒ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions. I am a former Director of Regions Financial Corporation and during its day-to-day business, Regions Financial Corporation has incurred fines, penalties and regulatory actions levied by regulatory agencies all in the ordinary course of business.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

John R. Roberts  
(Signature of Affiant)

State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by John R. Roberts, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



Mary Martha Franzen  
Notary Public  
Mary Martha Franzen  
Printed Notary Name  
October 24, 2021  
My Commission Expires

Attachment A  
Biographical Affidavit  
Response to Question 11(h)

John Rumley Roberts

A lawsuit involving allegations of civil conspiracy regarding an employment agreement's deferred compensation plan was filed in 2008, and the case was dismissed on summary judgment in 2013.

As a result of being on the board of directors, I was named in ten lawsuits involving Regions Financial Corporation. Eight of the cases (six filed in 2009 and two filed in 2008) were purported class and derivative securities actions that have been dismissed. Two of the cases (both filed in 2008) were ERISA class actions that were consolidated and settled.

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation, 7700 Forsyth Blvd., St. Louis, MO 63105, 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Jeffrey Middle: Alan Last: Schwaneke

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Executive Vice President / Chief Financial Officer / Treasurer

4. Affiant's business address: 7700 Forsyth Blvd., St. Louis, Missouri 63105

Business telephone: 314-725-4477 Business Email: jschwaneke@centene.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Missouri</u>	<u>Columbia, MO</u>	<u>08/93 – 05/97</u>	<u>BS in Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company: Executive Vice President, Chief Financial Officer,  
and Treasurer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 03/16 - Present Employer's Name: Centene Corporation – SEE ATTACHMENT A

Address: 7700 Forsyth Blvd. City: St. Louis State/Province: Missouri

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: EVP, CFO and Treasurer

Type of Business: Health care Supervisor/Contact: Michael Neidorff

Beginning/Ending

Dates (MM/YY): 07/08 - 03/16 Employer's Name: Centene Corporation

Address: 7700 Forsyth Blvd. City: St. Louis State/Province: Missouri

Country: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: CAO, SVP and Controller

Type of Business: Health care Supervisor/Contact: Michael Neidorff

Beginning/Ending

Dates (MM/YY): 05/06 - 06/08 Employer's Name: Novelis, Inc.

Address: 3399 Peachtree Road City: Atlanta State/Province: Georgia

Country: USA Postal Code: 30326 Phone: 404-814-4200 Offices/Positions Held: Controller

Type of Business: Aluminum rolled products/can recycling Supervisor/Contact: Steve Fisher

Beginning/Ending

Dates (MM/YY): 11/02 - 04/06 Employer's Name: SPX Corporation

Address: 13515 Ballantyne Corporate Pl. City: Charlotte State/Province: North Carolina

Country: USA Postal Code: 28277 Phone: 704-752-4400 Offices/Positions Held: Segment Controller

Infrastructure, processing  
Type of Business: equipment, and diagnostic tools Supervisor/Contact: Bob Patterson

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Beginning/Ending

Dates (MM/YY): 11/00 - 10/02 Employer's Name: PricewaterhouseCoopers, LLP

Address: 1055 Broadway City: Kansas City State/Province: Missouri

Country: USA Postal Code: 64105 Phone: 816-472-7921 Offices/Positions Held: Senior Associate

Type of Business: Accounting Supervisor/Contact: Jim Gregg

Beginning/Ending

Dates (MM/YY): 11/98 - 10/00 Employer's Name: Mayer, Hoffman, McCann P.C.

Address: 420 Nichols Road City: Kansas City State/Province: Missouri

Country: USA Postal Code: 64112 Phone: 913-234-1900 Offices/Positions Held: Senior Associate

Type of Business: Accounting Supervisor/Contact: Rick Mills

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: \_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Missouri Board of Accountancy Address: P.O. Box 613

City: Jefferson City State/Province: Missouri Country: USA Postal Code: 65102-0613

License Type: CPA License #: 020977 Date Issued (MM/YY): 04/2016

Date Expired (MM/YY): 09/30/2019 Reason for Termination: N/A - License active

Non-Insurance Regulatory Phone Number (if known): Unknown

Organization/Issuer of License: Kansas Board of Accountancy Address: 900 SW Jackson Street, Suite 556

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

City: Topeka State/Province: Kansas Country: USA Postal Code: 66612

License Type: CPA License #: N0105 Date Issued (MM/YY): 07/01

Date Expired (MM/YY): 07/03 Reason for Termination: Let license lapse

Non-Insurance Regulatory Phone Number (if known): Unknown

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

11(b) and 11(c): The Missouri CPA license was subject to an administrative proceeding as a result of lack of physical support for completed Continuing Professional Education (CPE) hours. This has no effect on carrying out my duties, and the probation just stipulates that I must meet the continuing professional education requirements which is being done.

11(h): SEE ATTACHMENT B

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. \_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details. \_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1295

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

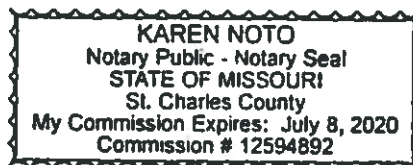
State of: Missouri County of: St. Charles

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Jeffrey A. Schwaneke, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]





Notary Public

Karen Noto

Printed Notary Name

July 8, 2020

My Commission Expires

<u>COMPANY</u>	<u>ELECTION DATES</u>	<u>TITLE</u>
Absolute Total Care, Inc.	08/18/2016-present	Vice President, Treasurer
Ambetter of Magnolia, Inc.	03/16/2015-present	Director, Vice President, Treasurer
Ambetter of North Carolina, Inc.	11/27/2018-present	Treasurer
Ambetter of Peach State, Inc.	02/06/2015-present	Director, Vice President
Arkansas Health & Wellness Health Plan, Inc.	01/29/2016-present	Director, Treasurer
Bankers Reserve Life Insurance Company of Wisconsin	10/26/2011-present	Director, President
Blue Sky Health Plan, Inc.	11/28/2010-present	Treasurer
Buckeye Community Health Plan, Inc.	06/29/2016-present	Treasurer
Buckeye Health Plan Community Solutions, Inc.	11/04/2015-present	Treasurer
California Health and Wellness Plan	08/30/2012-present	Treasurer
Carolina Complete Health, Inc.	04/15/2018-present	Vice President
CBHSP Arizona, Inc.	06/02/2017-present	Director, Vice President, Treasurer
Celticare Health Plan Holdings, LLC	03/30/2018-present	Manager, Treasurer
CeltiCare Health Plan of Massachusetts, Inc.	10/20/2009-present	Treasurer
Centene Acquisition Corporation	11/13/2017-present	Director, Treasurer
Centene Center I, LLC	05/25/2016-present	Vice President and Treasurer
Centene Center II, LLC	05/25/2016-present	Director, Treasurer
Centene Center III, LLC	10/24/2017-present	Treasurer
Centene Center LLC	05/25/2016-present	Manager, Vice President, Treasurer
Centene Health Plan Holdings, Inc.	11/16/2016-present	Director, Vice President
Centene Management Company LLC	02/01/2016-present	Vice President, Treasurer
Centene UK Limited	04/05/2018-present	Director, Treasurer
Centene Venture Company Florida	11/14/2018-present	Director, Treasurer
Centene Venture Company Illinois	11/26/2018-present	Treasurer
Centene Venture Company Kansas	11/01/2018-present	Director, Treasurer
Centene Venture Company Michigan	11/07/2018-present	Director, Treasurer
CMC Hanley, LLC	12/21/2018-present	Vice President and Treasurer
CMC Real Estate Company, LLC	06/01/2016-present	Vice President, Treasurer
Coordinated Care Corporation	08/16/2016-present	Vice President
Coordinated Care of Washington, Inc.	04/17/2013-present	Treasurer
Envolve - New York, Inc.	03/20/2015-present	Treasurer
Envolve Benefit Options, Inc.	04/29/2016-present	Vice President
Envolve Holdings, Inc.	12/22/2008-present	Vice President
Envolve Total Vision, Inc.	07/01/2017-present	Vice President
Envolve Vision Benefits, Inc.	05/02/2016-present	Vice President
Envolve Vision IPA of New York, Inc.	01/25/2019-present	Vice President
Envolve Vision of Texas, Inc.	07/30/2018-present	Vice President
FH Assurance Company	04/28/2016-present	Director, President
GPT Acquisition, LLC	06/20/2016-present	Manager, Vice President, Treasurer
Grace Hospice of Illinois	12/15/2017-present	Director
Granite State Health Plan, Inc.	03/14/2012-present	Treasurer
Hallmark Life Insurance Company	10/26/2011-present	Director, Vice President, Treasurer
Health Net Community Solutions, Inc.	04/25/2016-present	Director, Vice President
Health Net Community Solutions of Arizona, Inc.	04/28/2016-present	Director, Vice President and Treasurer
Health Net Health Plan of Oregon, Inc.	04/28/2016-present	Vice President
Health Net Life Insurance Company	04/28/2016-present	Director, Vice President
Health Net Life Reinsurance Company	04/28/2016-present	Director, Vice President
Health Net of Arizona Administrative Services, Inc.	04/28/2016-present	Director, Vice President and Treasurer
Health Net of Arizona, Inc.	04/28/2016-present	Director, Vice President and Treasurer
Health Net of California, Inc.	04/25/2016-present	Director, Senior Vice President
Health Net Services, Inc.	07/29/2016-present	Treasurer
Health Net Veterans LLC	04/28/2016-present	Treasurer
Health Plan Real Estate Holding, Inc.	05/28/2013-present	Director, President, Treasurer

Healthy Missouri Holdings, Inc.	04/16/2012-present	Treasurer
Healthy Oklahoma Holdings, Inc.	05/27/2016-present	Director, Vice President
Healthy Washington Holdings, Inc.	03/19/2018-present	Treasurer
Home State Health Plan, Inc.	07/20/2011-present	Treasurer
IlliniCare Health Plan, Inc.	03/23/2010-present	Treasurer
Iowa Total Care, Inc.	02/13/2014-present	Treasurer
Isla Holding Company, Inc.	07/21/2011-present	Treasurer
Kentucky Spirit Health Plan Inc.	06/20/2011-present	Director, Treasurer
Lifeshare Management Group, LLC	02/14/2017-present	Manager, Vice President, Treasurer
LiveHealthier, Inc.	11/04/2014-present	Vice President
Louisiana Healthcare Connections, Inc.	11/02/2009-present	Treasurer
LSM Holdco, Inc.	05/16/2013-present	Vice President, Treasurer
Magnolia Health Plan, Inc.	02/25/2009-present	Treasurer
Managed Health Network, LLC	04/24/2016-present	Chief Financial Officer
Managed Health Services Insurance Corporation	09/17/2018-present	Treasurer
MHN Global Services, Inc.	04/28/2016-present	Chief Financial Officer
MHN Services, LLC	04/28/2016-present	Manager, Chief Financial Officer
MHS Travel & Charter, Inc.	09/08/2017-present	Director, Treasurer
Nebraska Total Care, Inc.	09/16/2015-present	Treasurer
New York Quality Healthcare Organization	11/13/2017-present	Chairman
Next Door Neighbors, Inc.	10/25/2018-present	Director, Treasurer
Next Door Neighbors, LLC	10/26/2018-present	Treasurer
NovaSys Health, Inc.	05/03/2010-present	Treasurer
Oklahoma Complete Health, Inc.	06/22/2016-present	Director, Vice President
Patriots Holding Co.	02/22/2018-present	Director, Treasurer
Peach State Health Plan, Inc.	09/15/2016-present	Treasurer
Pennsylvania Health & Wellness Inc.	10/15/2015-present	Treasurer
Pennsylvania Health Care Plan, Inc.	04/28/2016-present	Director, President
Pinnacle Senior Care of Kalamazoo, LLC	08/28/2015-present	Manager
PrimeroSalud, SL	05/07/2014-present	Director, Vice President
Qualmed, Inc.	04/28/2016-present	Chief Financial Officer, Treasurer
SilverSummit Healthplan, Inc.	01/04/2016-present	Director, Treasurer
Sunflower State Health Plan, Inc.	09/15/2011-present	Treasurer
Sunshine Health Community Solutions, Inc.	12/11/2015-present	Director, Treasurer
Sunshine Health Holding, LLC	05/31/2018-present	Treasurer
Sunshine State Health Plan, Inc.	02/05/2009-present	Treasurer
Superior Healthplan, Inc.	12/25/2015-present	Director, Treasurer
Superior HealthPlan Community Solutions, Inc.	11/25/2015-present	Director, Vice President
Tennessee Total Care, Inc.	05/31/2018-present	Treasurer
The Centene Charitable Foundation	04/05/2016-present	Director, Treasurer
Trillium Community Health Plan, Inc.	09/14/2015-present	Treasurer
U.S. Medical Management Holdings, Inc.	01/06/2014-present	Director, Vice President
U.S. Medical Management, LLC	08/26/2015-present	Manager, Vice President
Western Sky Community Care Inc.	06/19/2012-present	Director, Vice President

Attachment B  
Biographical Affidavit  
Response to Question 11(h)

Jeffrey Alan Schwaneke

As an officer of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A class action lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Federal court on June 29, 2012. A shareholder derivative lawsuit relating to the same set of facts was filed in Missouri State court on August 6, 2012. The Federal lawsuit was dismissed on September 24, 2012 and the shareholder derivative lawsuit was dismissed on October 22, 2012.
- On November 14, 2016, a putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, was filed against Centene and certain of its executives in the U.S. District Court for the Central District of California. In March 2017, that Court entered an order transferring the matter to the U.S. District Court for the Eastern District of Missouri. The plaintiffs in the lawsuit allege that Centene's accounting and related disclosures for certain liabilities acquired in the acquisition of Health Net, Inc. violated federal securities laws. In July 2017, the lead plaintiff filed a Consolidated Class Action Complaint. Centene filed a motion to dismiss this complaint in September 2017. In February 2018, the Court held a hearing on the motion to dismiss but has not yet issued a ruling.
- On January 24, 2018, a separate derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. The derivative complaint repeats many of the allegations in the federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, described above and asserts that defendants made inaccurate or misleading statements, and/or failed to correct the alleged misstatements.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: David Middle: Lloyd Last: Steward

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? None

3. Affiant's occupation or profession: Founder and Chairman – World Wide Technology

4. Affiant's business address: 60 Weldon Parkway, St. Louis, Missouri 63043

Business telephone: 314-569-7700

Business Email: dave.steward@wwt.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Central Missouri State</u>	<u>Warrensburg, MO</u>	<u>08/69 – 10/73</u>	<u>BS Business</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene CorporationNAIC No. None  
FEIN: 42-1406317

## 6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<i>National Minority Supplier Dev. Co.</i>	<i>Louis Green</i>	<i>1359 Broadway, 10<sup>th</sup> Fl New York, NY 10018</i>	<i>212-944-2430</i>
<i>St. Louis Minority Business Council</i>	<i>Valerie Patton</i>	<i>211 N. Broadway, Ste 1300 St. Louis, MO 63102</i>	<i>314-444-1170</i>
<i>Horatio Alger Association</i>	<i>Terry Giroux</i>	<i>99 Canal Center Plaza Alexandria, VA 22314</i>	<i>703-684-9444</i>

7. Present or proposed position with the Applicant Company: Director

## 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 05/03 - Present Employer's Name: Centene Corporation (Affiant is not an employee)Address: 7700 Forsyth Boulevard City: St. Louis State/Province: MissouriCountry: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: DirectorType of Business: Health Insurance Supervisor/Contact: Michael Neidorff / 314-725-4477

Beginning/Ending

Dates (MM/YY): 01/84-Present Employer's Name: World Wide Technology, Inc.Address: 60 Weldon Parkway City: St. Louis State/Province: MissouriCountry: USA Postal Code: 63043 Phone: 314-569-7700 Offices/Positions Held: Founder & ChairmanType of Business: Technology Supervisor/Contact: Human Resources, 314-569-7700

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: None

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: None

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

11(h): See Attachment A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: None

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

**15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.**

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

State of: Missouri County of: St. Louis

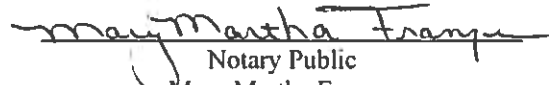
The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by David L. Steward, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



  
Notary Public  
Mary Martha Franzen  
Printed Notary Name  
October 24, 2021  
My Commission Expires

Biographical Affidavit  
Response to Question 11(h)

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Tommy Middle: George Last: Thompson

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? None

3. Affiant's occupation or profession: Attorney

4. Affiant's business address: PO Box 18657, Washington, DC 20036

Business telephone: 202-213-3793

Business Email: ttompson@thompson-holdings.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Wisconsin</u>	<u>Madison, WI</u>	<u>08/60 – 05/63</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Law School</u>	<u>University of Wisconsin</u>	<u>Madison, WI</u>	<u>08/63-05/66</u>	<u>JD</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene CorporationNAIC No. NoneFEIN: 42-1406317

## 6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>State of Wisconsin Bar Association</u>	<u>None</u>	<u>5302 East Park Blvd. Madison, WI 53718</u>	<u>608-257-3838</u>
<u>DC Bar Association</u>	<u>None</u>	<u>1016 16<sup>th</sup> Street NW Washington, DC 20036</u>	<u>202-223-6600</u>

7. Present or proposed position with the Applicant Company: Director

## 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 02/12 - Present Employer's Name: Self-employed - AttorneyAddress: PO Box 18657 City: Washington State/Province: DCCountry: USA Postal Code: 20036 Phone: 202-213-3793 Offices/Positions Held: AttorneyType of Business: Law Firm Supervisor/Contact: Self-employed

Beginning/Ending

Dates (MM/YY): 04/05 - Present Employer's Name: Centene Corporation (Affiant is not an employee)Address: 7700 Forsyth Boulevard City: St. Louis State/Province: MissouriCountry: USA Postal Code: 63105 Phone: 314-725-4477 Offices/Positions Held: DirectorType of Business: Health Insurance Supervisor/Contact: Michael Neidorff / 314-725-4477

Beginning/Ending

Dates (MM/YY): 03/05-01/12 Employer's Name: Atkin Gump Strauss Hauer & FeldAddress: 1333 New Hampshire Avenue, NW City: Washington State/Province: DCCountry: USA Postal Code: 20201 Phone: 202-887-4080 Offices/Positions Held: PartnerType of Business: Law Firm Supervisor/Contact: Tony Pierce, Partner-In-Charge 202-887-4000

Beginning/Ending

Dates (MM/YY): 01/01-01/05 Employer's Name: United States GovernmentAddress: 200 Independence Avenue City: Washington State/Province: DCCountry: USA Postal Code: 20201 Phone: 877-696-6775 Offices/Positions Held: Secretary, Department of Health and Human ServicesType of Business: US Government Supervisor/Contact: President of the United States of America

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

Beginning/Ending

Dates (MM/YY) 01/87-12/00 Employer's Name: State of Wisconsin

Address: 115 East Capitol City: Madison State/Province: Wisconsin

Country: USA Postal Code: 53702 Phone: 608-266-1212 Offices/Positions Held: Governor

Type of Business: US Government Supervisor/Contact: Office of the Governor, 608-266-1212

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: None

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: None

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

**11(h): See Attachment A**

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

None

If any of the shares of stock are pledged or hypothecated in any way, give details.

None

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: None

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☐ No ☒

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Yes ☐ No ☒

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

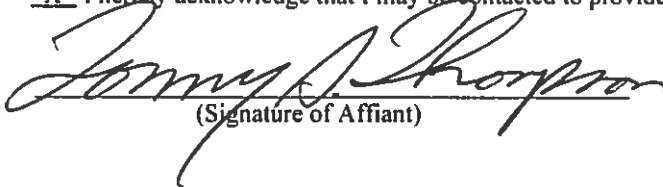
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

*15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.*

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

State of: Missouri County of: St. Louis

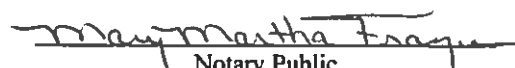
The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Tommy G. Thompson, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_.

[SEAL]



  
Notary Public  
Mary Martha Franzen  
Printed Notary Name  
October 24, 2021  
My Commission Expires

Attachment A  
Biographical Affidavit  
Response to Question 11(h)

Tommy George Thompson

As a director of Centene Corporation ("Centene"), I have been a named party to the following lawsuits:

- On June 11, 2012, Centene reduced its annual earnings guidance primarily as a result of higher than anticipated medical costs in certain of its markets. A lawsuit alleging violations of securities laws in connection with the earnings guidance was filed in Missouri State court on August 6, 2012 and was dismissed on October 22, 2012.
- On January 24, 2018, a derivative action was filed by plaintiff Harkesh Parekh against Centene and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of Centene against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. This derivative lawsuit is related to the November 14, 2016 putative federal securities class action, *Israel Sanchez v. Centene Corp., et al.*, to which I was not a named party.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund. A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund. The second and third derivative suits largely repeat the allegations in the securities class action and the first derivative suit. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel. On February 5, 2019, plaintiffs in the three derivative suits filed a consolidated amended complaint. Lead plaintiffs and counsel have been appointed. On February 22, 2019, Centene moved to stay the consolidated derivative action pending resolution of the Sanchez matter. That motion has not yet been decided.



Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

**Uniform Certificate of Authority Application (UCAA)  
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): \_\_\_\_\_

Centene Corporation; 7700 Forsyth Blvd., St. Louis, MO 63105; 314-725-4477

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Keith Middle: Harvey Last: Williamson

2. a. Are you a citizen of the United States?

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Lawyer

4. Affiant's business address: 7700 Forsyth Blvd., Suite 800, St. Louis, MO 63105

Business telephone: 314-725-4477 Business Email: kwilliamson@centene.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Brown University</u>	<u>Providence, RI</u>	<u>09/70 - 06/74</u>	<u>B.A. Economics</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Harvard University</u>	<u>Cambridge, MA</u>	<u>09/74 - 06/78</u>	<u>J.D./M.B.A.</u>
	<u>New York University</u>	<u>New York, NY</u>	<u>09/82 - 06/86</u>	<u>LL.M.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Centene CorporationNAIC No. NoneFEIN: 42-1406317

## 6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Bar Association	None	321 N. Clark St. Chicago, IL 60610	800-285-2221
Mound City Bar Association	Danielle Car	P.O. Box 1543 St. Louis, MO 63188	314-612-1478, president@moundcitybar.com
Executive Leadership Council	Otha T. Spriggs	1001 N. Fairfax Street Alexandria, VA 22314	703-706-5200

7. Present or proposed position with the Applicant Company: Executive Vice President, General Counsel, and Secretary

## 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

**SEE ATTACHMENT A FOR LIST OF DIRECTORATES & OFFICERSHIPS**

Beginning/Ending

Dates (MM/YY): 11/06 - Present Employer's Name: Centene CorporationAddress: 7700 Forsyth Blvd. City: St. Louis State/Province: MOCountry: USA Postal Code: 63105 Phone: 314-505-6539 Offices/Positions Held: EVP, Secretary and General Counsel (11/12-Present); SVP, Secretary and General Counsel (11/06-11/12)Type of Business: Health care Supervisor/Contact: Michael F. Neidorff

Beginning/Ending

Dates (MM/YY): 09/05 - Present Employer's Name: PPL CorporationAddress: Two North Ninth St. City: Allentown State/Province: PACountry: USA Postal Code: 18101 Phone: 610-774-3683 Offices/Positions Held: Board of DirectorsType of Business: Electric Utility Supervisor/Contact: William Spence

Beginning/Ending

Dates (MM/YY): 02/99 - 12/06 Employer's Name: Pitney Bowes Inc.Address: One Elmcroft Road City: Stamford State/Province: CTCountry: USA Postal Code: 06926 Phone: 203-356-5000 Offices/Positions Held: Division PresidentType of Business: Mail/Equipment Finance Supervisor/Contact: Michael Critelli

Beginning/Ending

Dates (MM/YY): 05/88 - 02/99 Employer's Name: Pitney Bowes Credit CorporationAddress: One Elmcroft Road City: Stamford State/Province: CTCountry: USA Postal Code: 06926 Phone: 203-356-5000 Offices/Positions Held: General CounselType of Business: Mail/Equipment Finance Supervisor/Contact: Michael Critelli

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

9. a. Have you ever been in a position which required a fidelity bond?

Yes ☐ No ☒

If any claims were made on the bond, give details: \_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes ☐ No ☒

If yes, give details: \_\_\_\_\_

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Court of Appeals, District of Columbia Address: 1250 H Street NW

City: Washington State/Province: DC Country: USA Postal Code: 20005

License Type: Law License #: 257691 Date Issued (MM/YY): 12/78

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 202-626-3475

Organization/Issuer of License: Supreme Court, State of New York Address: 25 Beaver St.

City: New York State/Province: NY Country: USA Postal Code: 10004

License Type: Law License #: 1871177 Date Issued (MM/YY): 06/83

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 212-428-2800

Organization/Issuer of License: Supreme Court of Missouri Address: 207 West High St.

City: Jefferson City State/Province: MO Country: USA Postal Code: 65101

License Type: Law License #: 59468 Date Issued (MM/YY): 04/07

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 573-635-4128

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

Organization/Issuer of License: Michigan Dept of Insurance and Financial Services Address: 530 W. Allegan Street

City: Lansing State/Province: MI Country: USA Postal Code: 48933

License Type: Property & Casualty Non-Resident Producer License #: 766211 Date Issued (MM/YY): 03/97

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): Unknown

Organization/Issuer of License: Connecticut Insurance Department \* Address: 153 Market St.

City: Hartford State/Province: CT Country: USA Postal Code: 06103

License Type: Property & Casualty Resident Agent License #: 1004387 Date Issued (MM/YY): 11/96

Date Expired (MM/YY): 01/00 Reason for Termination: Did Not Renew

Non-Insurance Regulatory Phone Number (if known): Unknown

\* ALSO HELD PROPERTY & CASUALTY NON-RESIDENT AGENT LICENSE IN 41 STATES DURING THE PERIOD I WAS LICENSED IN CT. AS A RESULT OF A PROMOTION, I NO LONGER NEEDED THE LICENSES AND THEY WERE NOT RENEWED. THE LICENSE I OBTAINED IN MICHIGAN REMAINS IN EFFECT.

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes ☐ No ☒

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes ☐ No ☒

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes ☐ No ☒

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes ☐ No ☒

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes ☒ No ☐

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes ☐ No ☒

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes ☐ No ☒

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

11(b) and 11(h): See Attachment B for details.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes ☐ No ☒

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Applicant Company Name: Centene Corporation

NAIC No. None

FEIN: 42-1406317

If any of the shares of stock are pledged or hypothecated in any way, give details.

\_\_\_\_\_

\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1295

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes ☒ No ☐

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes ☒ No ☐

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes ☒ No ☐

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

15(a) and 15(b): Among the Centene Corporation subsidiaries, for which I serve as an officer or director, are subsidiaries in various states holding pharmacy licenses. In the ordinary course of business, such pharmacies are subject to inspection and related administrative, regulatory or disciplinary actions. A pharmacy licensed in Virginia and other states was administratively denied an out-of-state pharmacy license due to inspection-related issues.

15(c): From time to time, Centene Corporation and its subsidiaries have had fines levied against them as a result of state, federal and/or government contract performance measures, reviews or examinations in various jurisdictions in which these entities do business. None of these entities has been placed on probation nor had its license suspended or revoked. Fines levied against these entities occurred during the normal course of business, and I was not personally held responsible or culpable in any of these actions.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: Centene Corporation

NAIC No. None  
FEIN: 42-1406317

Dated and signed this 16<sup>th</sup> day of April, 2019 at St. Louis, Missouri. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

  
(Signature of Affiant)

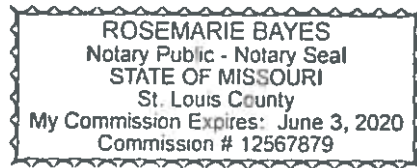
State of: Missouri County of: St. Louis


The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of April, 2019 by Keith H. Williamson, and:

X who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]



  
Notary Public  
Rosemarie Bayes  
Printed Notary Name  
June 3, 2020  
My Commission Expires

Entity Name	Title	Title Role	Role Start Date	Last Elected	Status
Absolute Total Care, Inc.	Secretary	Officer	03-13-2007	08-16-2018	Active
ACARIAHEALTH PHARMACY #11, INC.	Director	Director	03-24-2016	03-15-2019	Active
ACARIAHEALTH PHARMACY #11, INC.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #12, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #12, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #13, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #13, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #14, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy #14, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Pharmacy, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth Solutions, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth Solutions, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
AcariaHealth, Inc.	Director	Director	03-24-2016	03-15-2019	Active
AcariaHealth, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
Access Medical Acquisition, Inc.	Director	Director	06-15-2018	06-15-2018	Active
Access Medical Acquisition, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Florida City, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Florida City, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Hialeah, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Hialeah, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Miami, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Miami, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of North Miami Beach, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of North Miami Beach, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Opa-Locka, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Opa-Locka, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Perrine, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Perrine, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Tampa II, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Tampa II, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Tampa III, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Tampa III, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Tampa, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Tampa, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Access Medical Group of Westchester, Inc.	Director	Director	05-23-2018	05-23-2018	Active
Access Medical Group of Westchester, Inc.	Secretary	Officer	05-23-2018	06-15-2018	Active
Agate Resources, Inc.	Director	Director	01-09-2015	03-13-2018	Active
Agate Resources, Inc.	Secretary	Officer	01-09-2015	03-13-2018	Active
AHA Administrative Services, LLC	Manager	Manager	04-02-2018	04-02-2018	Active
AHA Administrative Services, LLC	Secretary	Officer	--	04-02-2018	Active
Ambetter of Magnolia Inc.	Secretary	Officer	03-16-2015	02-15-2018	Active
Ambetter of North Carolina, Inc.	Secretary	Officer	04-16-2018	11-27-2018	Active
Ambetter of Peach State Inc.	Secretary	Officer	04-13-2015	12-04-2017	Active
Arkansas Health & Wellness Health Plan, Inc.	Director	Director	01-29-2016	03-21-2018	Active
Arkansas Health & Wellness Health Plan, Inc.	Secretary	Officer	01-29-2016	03-21-2018	Active
Arkansas Total Care Holding Company, LLC	Director	Director	09-11-2017	09-11-2017	Active
Arkansas Total Care, Inc.	Director	Director	09-11-2017	08-30-2018	Active
Arkansas Total Care, Inc.	Assistant Secretary	Officer	--	09-17-2018	Active
Bankers Reserve Life Insurance Company of Wisconsin	Director	Director	03-07-2007	07-25-2018	Active
Bankers Reserve Life Insurance Company of Wisconsin	Secretary	Officer	03-07-2007	03-27-2018	Active
Bankers Reserve Life Insurance Company of Wisconsin	Vice President	Officer	03-07-2007	03-27-2018	Active
Blue Sky Health Plan, Inc.	Director	Director	11-18-2010	05-31-2018	Active
Blue Sky Health Plan, Inc.	Secretary	Officer	11-18-2010	05-31-2018	Active

Bridgeway Health Solutions of Arizona, Inc.	Secretary	Officer	01-02-2008	07-21-2016	Active
Bridgeway Health Solutions, LLC	Secretary	Officer	01-02-2008	07-21-2016	Active
Buckeye Community Health Plan, Inc.	Secretary	Officer	07-21-2010	04-25-2018	Active
Buckeye Health Plan Community Solutions, Inc.	Secretary	Officer	11-04-2015	11-04-2015	Active
Calibrate Acquisition Co.	Director	Director	02-20-2018	06-15-2018	Active
Calibrate Acquisition Co.	Secretary	Officer	02-20-2018	06-15-2018	Active
California Health and Wellness Plan	Secretary	Officer	08-30-2012	07-09-2018	Active
Carolina Complete Health, Inc.	Secretary	Officer	08-29-2017	08-29-2017	Active
CASENET, LLC	Manager	Manager	03-29-2018	03-29-2018	Active
CASENET, LLC	Secretary	Officer	10-01-2014	03-29-2018	Active
CBHSP Arizona, Inc.	Director	Director	03-07-2007	06-02-2017	Active
CBHSP Arizona, Inc.	Secretary	Officer	01-02-2008	06-02-2017	Active
CCTX Holdings, LLC	Sole Manager	Manager	03-07-2007	09-03-2014	Active
CCTX Holdings, LLC	Secretary	Officer	03-07-2007	09-03-2014	Active
Celtic Group, Inc.	Secretary	Officer	07-15-2008	09-19-2018	Active
Celtic Insurance Company	Secretary	Officer	07-15-2008	03-28-2018	Active
Celticare Health Plan Holdings LLC	Manager	Manager	02-18-2009	03-30-2018	Active
Celticare Health Plan Holdings LLC	Secretary	Officer	02-18-2009	03-30-2018	Active
Celticare Health Plan of Massachusetts, Inc.	Secretary	Officer	10-20-2009	03-30-2018	Active
Cenpatco Behavioral Health of Arizona, LLC	Secretary	Officer	01-02-2008	04-25-2017	Active
Cenpatco Behavioral Health, LLC	Manager	Manager	03-07-2007	01-02-2019	Active
Cenpatco Behavioral Health, LLC	Secretary	Officer	05-03-2007	01-02-2019	Active
Cenpatco of Arizona, Inc.	Secretary	Officer	12-26-2012	09-17-2018	Active
CENPATICO OF CALIFORNIA, INC.	Director	Director	12-18-2014	06-01-2018	Active
CENPATICO OF CALIFORNIA, INC.	Secretary	Officer	12-18-2014	06-01-2018	Active
Centene Center I, LLC	Secretary	Officer	06-07-2017	12-21-2018	Active
CENTENE CENTER II, LLC	Secretary	Officer	09-23-2015	12-21-2018	Active
Centene Center III, LLC	Secretary	Officer	10-24-2017	12-21-2018	Active
Centene Center LLC	Authorized Person	Authorized Signer	01-26-2009	05-25-2016	Active
Centene Center LLC	Manager	Manager	--	01-18-2018	Active
Centene Center LLC	Secretary	Officer	--	01-18-2018	Active
Centene Company of Texas LP	Director	Director	03-07-2007	05-03-2010	Active
Centene Company of Texas LP	Secretary	Officer	03-07-2007	05-03-2010	Active
Centene Corporation	EVP, Secretary and Gen	Officer	--	04-24-2018	Active
Centene Health Plan Holdings, Inc.	Director	Director	11-16-2016	12-21-2018	Active
Centene Health Plan Holdings, Inc.	Secretary	Officer	11-16-2016	12-21-2018	Active
Centene Holdings, LLC	Sole Manager	Manager	03-07-2007	05-03-2010	Active
Centene Holdings, LLC	Secretary	Officer	03-07-2007	05-03-2010	Active
Centene Management Company LLC	Secretary	Officer	03-07-2007	05-01-2018	Active
Centene UK Limited	Secretary	Officer	04-28-2017	04-28-2017	Active
Centene Venture Company Florida	Director	Director	11-14-2018	11-14-2018	Active
Centene Venture Company Florida	Secretary	Officer	11-26-2018	11-26-2018	Active
Centene Venture Company Illinois	Secretary	Officer	11-26-2018	11-26-2018	Active
Centene Venture Company Kansas	Director	Director	11-01-2018	11-01-2018	Active
Centene Venture Company Kansas	Secretary	Officer	11-14-2018	11-14-2018	Active
Centene Venture Company Michigan	Director	Director	11-07-2018	11-07-2018	Active
Centene Venture Company Michigan	Secretary	Officer	11-16-2018	11-16-2018	Active
Centurion Correctional Healthcare of New Mexico, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion Detention Health Services, LLC	Secretary	Officer	06-29-2016	06-29-2016	Active
Centurion of Alabama, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Arizona, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Florida, LLC	Secretary	Officer	--	06-29-2018	Active
Centurion of Georgia, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Maryland, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Minnesota, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active

Centurion of Mississippi, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of New Hampshire LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Philadelphia LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Tennessee, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion of Vermont, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
Centurion, LLC	Secretary	Officer	06-29-2018	06-29-2018	Active
CMC Hanley, LLC	Secretary	Officer	--	12-21-2018	Active
CMC Real Estate Company, LLC	Secretary	Officer	01-16-2009	12-21-2018	Active
Community Medical Holdings Corp.	Director	Director	05-23-2018	06-15-2018	Active
Community Medical Holdings Corp.	Secretary	Officer	05-23-2018	06-15-2018	Active
Coordinated Care Corporation	Assistant Secretary	Officer	09-04-2008	08-22-2017	Active
Coordinated Care of Washington, Inc.	Director	Director	04-16-2013	03-09-2018	Active
Coordinated Care of Washington, Inc.	Secretary	Officer	04-17-2013	03-09-2018	Active
Delaware First Health Plan, Inc.	Director	Director	08-15-2017	08-15-2017	Active
Delaware First Health Plan, Inc.	Secretary	Officer	08-15-2017	08-15-2017	Active
Envolv - New York, Inc.	Director	Director	03-19-2015	03-29-2018	Active
Envolv - New York, Inc.	Secretary	Officer	03-20-2015	03-29-2018	Active
Envolv Benefit Options, Inc.	Secretary	Officer	04-29-2016	07-30-2018	Active
Envolv Captive Insurance Company, Inc.	Secretary	Officer	11-30-2007	01-25-2019	Active
Envolv Dental IPA of New York, Inc.	Secretary	Officer	07-30-2018	01-25-2019	Active
Envolv Dental of Florida, Inc.	Secretary	Officer	07-29-2016	01-25-2019	Active
Envolv Dental of Texas, Inc.	Secretary	Officer	05-31-2016	06-01-2018	Active
Envolv Dental, Inc.	Secretary	Officer	05-10-2013	06-01-2018	Active
Envolv Holdings, Inc.	Director	Director	03-07-2007	03-21-2018	Active
Envolv Holdings, Inc.	Secretary	Vice President of	03-07-2007	03-21-2018	Active
Envolv Optical, Inc.	Secretary	Officer	08-31-2017	06-19-2018	Active
Envolv PeopleCare, Inc.	Director	Director	03-07-2007	01-02-2019	Active
Envolv PeopleCare, Inc.	Secretary	Vice President	03-07-2007	01-02-2019	Active
Envolv Pharmacy Solutions, Inc.	Director	Director	03-07-2007	03-15-2019	Active
Envolv Pharmacy Solutions, Inc.	Assistant Secretary	Officer	03-15-2019	03-15-2019	Active
ENVOLVE TOTAL VISION, INC.	Secretary	Officer	01-19-2010	01-25-2019	Active
Envolv Vision Benefits, Inc.	Secretary	Officer	01-02-2008	06-19-2018	Active
Envolv Vision IPA of New York, Inc.	Secretary	Officer	10-17-2018	01-25-2019	Active
Envolv Vision of Florida, Inc.	Secretary	Officer	01-19-2010	01-25-2019	Active
Envolv Vision of Texas, Inc.	Secretary	Officer	01-19-2010	07-30-2018	Active
Envolv Vision, Inc.	Secretary	Officer	01-19-2010	01-25-2019	Active
ENVOLVE, INC.	Director	Director	06-17-2015	03-28-2018	Active
ENVOLVE, INC.	Secretary	Officer	06-17-2015	03-28-2018	Active
Forensic Health Services, LLC	Secretary	Officer	--	--	Active
Foundation Care LLC	Manager	Manager	10-02-2017	03-15-2019	Active
Foundation Care LLC	Secretary	Officer	02-27-2017	03-15-2019	Active
GPT Acquisition, LLC	Manager	Manager	12-21-2018	12-21-2018	Active
GPT Acquisition, LLC	Secretary	Officer	06-20-2016	12-21-2018	Active
Granite State Health Plan, Inc.	Director	Director	03-14-2012	11-30-2018	Active
Granite State Health Plan, Inc.	Secretary	Officer	03-14-2012	11-30-2018	Active
Hallmark Life Insurance Co	Director	Director	--	07-23-2018	Active
Hallmark Life Insurance Co	Secretary	Officer	05-15-2008	07-23-2018	Active
Hallmark Life Insurance Co	Vice President	Officer	05-15-2008	07-23-2018	Active
Health Care Enterprises LLC	Secretary	Officer	02-14-2014	05-31-2018	Active
Health Net Access, Inc.	Secretary	Officer	04-27-2016	04-27-2016	Active
Health Net Community Solutions of Arizona, Inc.	Assistant Secretary	Officer	04-28-2016	03-22-2017	Active
Health Net Community Solutions, Inc.	Assistant Secretary	Officer	04-25-2016	03-20-2018	Active
Health Net Federal Services, LLC	Assistant Secretary	Officer	04-28-2016	--	Active
Health Net Health Plan of Oregon, Inc.	Secretary	Officer	04-28-2016	03-13-2018	Active
Health Net Life Insurance Company	Assistant Secretary	Officer	04-28-2016	03-21-2019	Active

Health Net Life Reinsurance Company	Assistant Secretary	Officer	04-28-2016	04-10-2017	Active
Health Net of Arizona Administrative Services, Inc.	Director	Director	04-28-2016	11-15-2018	Active
Health Net of Arizona Administrative Services, Inc.	Assistant Secretary	Officer	04-28-2016	03-22-2017	Active
Health Net of Arizona, Inc.	Director	Director	04-28-2016	11-15-2018	Active
Health Net of Arizona, Inc.	Assistant Secretary	Officer	04-28-2016	03-22-2017	Active
Health Net of California Real Estate Holdings, Inc.	Secretary	Officer	04-28-2016	04-27-2018	Active
Health Net Pharmaceutical Services	Assistant Secretary	Officer	04-28-2016	03-15-2019	Active
Health Net Preferred Providers, LLC	Manager	Manager	04-28-2016	--	Active
Health Net Preferred Providers, LLC	Assistant Secretary	Officer	04-28-2016	--	Active
Health Net Services, Inc.	Director	Director	04-28-2016	--	Active
Health Net Services, Inc.	Assistant Secretary	Officer	04-28-2016	--	Active
Health Net Veterans LLC	Assistant Secretary	Officer	04-28-2016	--	Active
Health Plan Real Estate Holding, Inc.	Director	Director	05-28-2013	12-21-2018	Active
Health Plan Real Estate Holding, Inc.	Secretary	Officer	06-27-2013	12-21-2018	Active
Healthy Louisiana Holdings LLC	Manager	Manager	06-29-2011	02-05-2019	Active
Healthy Missouri Holdings, Inc.	Director	Director	04-16-2012	05-08-2018	Active
Healthy Missouri Holdings, Inc.	Secretary	Officer	04-16-2012	05-08-2018	Active
Healthy Oklahoma Holdings, Inc.	Director	Director	05-27-2016	05-27-2016	Active
Healthy Oklahoma Holdings, Inc.	Secretary	Officer	05-27-2016	05-27-2016	Active
Healthy Washington Holdings, Inc.	Director	Director	--	03-19-2018	Active
Healthy Washington Holdings, Inc.	Secretary	Officer	04-25-2014	03-19-2018	Active
Heritage Home Hospice, LLC	Secretary	Officer	04-28-2016	--	Active
Home State Health Plan, Inc.	Secretary	Officer	07-20-2011	05-08-2018	Active
HOMESCRIPTS.COM, LLC	Manager	Manager	03-24-2016	03-15-2019	Active
HOMESCRIPTS.COM, LLC	Secretary	Officer	03-24-2016	03-15-2019	Active
Hudson Acquisition, LLC	Manager	Manager	02-08-2019	02-08-2019	Active
Hudson Acquisition, LLC	Secretary	Officer	02-08-2019	02-08-2019	Active
IAH of Florida, LLC	Manager	Manager	--	--	Active
IAH of Florida, LLC	Secretary	Officer	--	--	Active
IlliniCare Health Plan, Inc.	Secretary	Officer	03-23-2010	11-08-2018	Active
Integrated Mental Health Management, LLC	Secretary	Officer	03-07-2007	04-03-2018	Active
Integrated Mental Health Services	Secretary	Officer	01-02-2008	04-03-2018	Active
Interpreta Holdings, Inc.	Director	Director	03-23-2018	03-23-2018	Active
Interpreta Holdings, Inc.	Secretary	Officer	03-23-2018	03-23-2018	Active
Interpreta, Inc.	Secretary	Officer	05-04-2018	05-04-2018	Active
Iowa Total Care, Inc.	Director	Director	02-13-2014	05-22-2018	Active
Iowa Total Care, Inc.	Secretary	Officer	02-13-2014	05-22-2018	Active
Isla Holding Company, Inc.	Director	Director	07-21-2011	07-21-2011	Active
Isla Holding Company, Inc.	Secretary	Officer	07-21-2011	05-31-2018	Active
Kentucky Spirit Health Plan, Inc.	Director	Director	03-31-2011	05-31-2018	Active
Kentucky Spirit Health Plan, Inc.	Secretary	Officer	06-20-2011	05-31-2018	Active
LBB Industries, Inc.	Director	Director	05-05-2009	--	Active
LBB Industries, Inc.	Secretary	Officer	03-07-2007	--	Active
LIFESHARE MANAGEMENT GROUP, LLC	Manager	Manager	02-14-2017	06-04-2018	Active
LIFESHARE MANAGEMENT GROUP, LLC	Secretary	Officer	02-14-2017	06-04-2018	Active
LIVEHEALTHIER, INC.	Director	Director	11-04-2014	02-19-2018	Active
LIVEHEALTHIER, INC.	Secretary	Officer	11-04-2014	01-02-2019	Active
Louisiana Healthcare Connections, Inc.	Secretary	Officer	11-02-2009	08-15-2018	Active
LSM Holdco, Inc.	Director	Director	05-16-2013	06-04-2018	Active
LSM Holdco, Inc.	Secretary	Officer	05-16-2013	06-04-2018	Active
Magnolia Health Plan, Inc.	Secretary	Officer	02-14-2007	--	Active
Managed Health Network	Secretary	Officer	04-14-2016	04-10-2018	Active
Managed Health Network, LLC	Secretary	Officer	04-28-2016	04-10-2018	Active
Managed Health Services Illinois, Inc.	Secretary	Officer	03-07-2007	03-07-2007	Active
Managed Health Services Insurance Corp	Secretary	Officer	03-07-2007	06-13-2018	Active

MHM Correctional Services, LLC	Secretary	Officer	--	--	Active
MHM Health Professionals, LLC	Secretary	Officer	--	--	Active
MHM Services of California, LLC	Secretary	Officer	--	--	Active
MHM Services, Inc.	Director	Director	04-02-2018	04-02-2018	Active
MHM Services, Inc.	Secretary	Officer	04-02-2018	06-29-2018	Active
MHM Solutions, LLC	Secretary	Officer	--	--	Active
MHN Global Services, Inc.	Assistant Secretary	Officer	04-28-2016	02-08-2018	Active
MHN Government Services - Guam, Inc.	Assistant Secretary	Officer	04-28-2016	--	Active
MHN Government Services - International, Inc.	Assistant Secretary	Officer	04-28-2016	--	Active
MHN Government Services - Puerto Rico, Inc.	Assistant Secretary	Officer	04-28-2016	--	Active
MHN Government Services LLC	Assistant Secretary	Officer	04-28-2016	--	Active
MHN Services, LLC	Manager	Manager	07-01-2017	04-10-2018	Active
MHN Services, LLC	Secretary	Officer	04-28-2016	04-10-2018	Active
MHS Consulting International, Inc.	Director	Director	--	08-10-2015	Active
MHS Consulting International, Inc.	Secretary	Officer	03-07-2007	08-10-2015	Active
MHS European Holdings s a r l	Manager	Manager	--	--	Active
MHS Travel and Charter, Inc.	Director	Director	03-26-2007	12-21-2018	Active
MHS Travel and Charter, Inc.	Secretary	Officer	03-27-2007	12-21-2018	Active
Michigan Complete Health, Inc.	Secretary	Officer	05-01-2015	05-23-2018	Active
National Pharmacy Services, Inc.	Assistant Secretary	Officer	04-28-2016	03-15-2019	Active
NEBRASKA TOTAL CARE, INC.	Secretary	Officer	09-16-2015	04-11-2019	Active
Network Providers, LLC	Assistant Secretary	Officer	04-28-2016	--	Active
New York Quality Healthcare Corporation	Assistant Secretary	Officer	06-28-2018	06-28-2018	Active
New York RX, Inc.	Director	Director	03-24-2016	03-15-2019	Active
New York RX, Inc.	Secretary	Officer	03-24-2016	03-15-2019	Active
Next Door Neighbors, Inc.	Director	Director	10-25-2018	10-25-2018	Active
Next Door Neighbors, Inc.	Secretary	Officer	10-26-2018	10-26-2018	Active
Next Door Neighbors, LLC	Secretary	Officer	10-26-2018	10-26-2018	Active
Novasys Health, Inc.	Director	Director	05-03-2010	05-31-2017	Active
Novasys Health, Inc.	Secretary	Officer	05-03-2010	05-31-2017	Active
Oklahoma Complete Health, Inc.	Director	Director	06-22-2016	12-19-2017	Active
Oklahoma Complete Health, Inc.	Secretary	Officer	06-22-2016	12-19-2017	Active
Peach State Health Plan, Inc.	Assistant Secretary	Officer	09-26-2008	09-20-2018	Active
Peach State Health Plan, Inc.	Vice President	Officer	03-07-2007	09-20-2018	Active
Pennsylvania Health & Wellness, Inc.	Secretary	Officer	10-15-2015	11-02-2018	Active
Pennsylvania Health Care Plan, Inc.	Assistant Secretary	Officer	04-28-2016	04-28-2016	Active
QCA Health Plan, Inc.	Director	Director	04-01-2019	04-01-2019	Active
QCA Health Plan, Inc.	Secretary	Officer	04-01-2019	04-01-2019	Active
QualChoice Life and Health Insurance Company, Inc.	Director	Director	04-01-2019	04-01-2019	Active
QualChoice Life and Health Insurance Company, Inc.	Secretary	Officer	04-01-2019	04-01-2019	Active
Qualmed Plans for Health of Pennsylvania, Inc.	Director	Director	--	09-08-2017	Active
Qualmed Plans for Health of Pennsylvania, Inc.	Secretary	Officer	04-28-2016	09-08-2017	Active
Qualmed Plans for Health of Western Pennsylvania, Inc.	Director	Director	04-28-2016	09-08-2017	Active
Qualmed Plans for Health of Western Pennsylvania, Inc.	Secretary	Officer	04-27-2016	09-08-2017	Active
Qualmed, Inc.	Secretary	Sole Member	04-28-2016	09-08-2017	Active
Rx Direct, Inc.	Director	Director	06-25-2014	03-15-2019	Active
Rx Direct, Inc.	Secretary	Officer	06-25-2014	03-15-2019	Active
SilverSummit Healthplan, Inc.	Director	Director	03-07-2007	04-05-2018	Active
SilverSummit Healthplan, Inc.	Secretary	Officer	03-07-2007	04-05-2018	Active
SOCIAL HEALTH BRIDGE LLC	Secretary	Officer	03-27-2019	03-27-2019	Active
Specialty Therapeutic Care GP, LLC	Manager	Manager	03-15-2018	03-15-2018	Active
Specialty Therapeutic Care GP, LLC	Secretary	Officer	03-24-2016	03-15-2019	Active
Specialty Therapeutic Care GP, LLC	Vice President	Officer	03-15-2019	03-15-2019	Active
SPECIALTY THERAPEUTIC CARE HOLDINGS, LLC	Manager	Manager	04-01-2013	03-15-2019	Active
SPECIALTY THERAPEUTIC CARE HOLDINGS, LLC	Secretary	Officer	04-01-2013	03-15-2019	Active

Specialty Therapeutic Care, LP	Manager	Manager	03-24-2016	03-15-2019	Active
Specialty Therapeutic Care, LP	Secretary	Officer	03-24-2016	03-15-2019	Active
Sunflower State Health Plan, Inc.	Secretary	Officer	09-15-2011	05-17-2018	Active
Sunshine Health Community Solutions, Inc.	Director	Director	12-11-2015	07-02-2018	Active
SUNSHINE HEALTH HOLDING LLC	Manager	Manager	07-19-2007	05-31-2018	Active
SUNSHINE HEALTH HOLDING LLC	Secretary	Officer	07-18-2007	05-31-2018	Active
Sunshine State Health Plan, Inc.	Secretary	Officer	04-07-2007	02-15-2018	Active
Superior HealthPlan Community Solutions, Inc.	Secretary	Officer	11-25-2015	12-10-2018	Active
Superior Healthplan, Inc.	Secretary	Officer	--	11-30-2017	Active
Tennessee Total Care, Inc.	Director	Director	01-24-2008	05-31-2018	Active
Tennessee Total Care, Inc.	Secretary	Officer	01-25-2008	05-31-2018	Active
The Centene Charitable Foundation	Director	Director	03-07-2007	06-25-2018	Active
The Centene Charitable Foundation	Secretary	Officer	03-07-2007	06-25-2018	Active
Trillium Community Health Plan, Inc.	Assistant Secretary	Officer	09-14-2015	03-12-2018	Active
U S Medical Management Holdings, Inc.	Secretary	Officer	01-06-2014	01-06-2014	Active
U.S. Medical Management, LLC	Secretary	Officer	--	--	Active
University Health Plans, Inc.	Director	Director	--	--	Active
University Health Plans, Inc.	Secretary	Officer	--	--	Active
Virginia Total Care, Inc.	Director	Director	12-14-2015	05-31-2018	Active
Virginia Total Care, Inc.	Secretary	Officer	12-14-2015	05-31-2018	Active
Western Sky Community Care, Inc.	Director	Director	06-19-2012	09-26-2017	Active
Western Sky Community Care, Inc.	Secretary	Officer	06-19-2012	08-20-2018	Active

## Attachment B

11b. Keith Williamson's New York bar license was suspended solely due to a failure to register with the Office of Court Administration and no other reason. Mr. Williamson was also not a member in good standing due to a failure to submit a motion for reinstatement. He then so filed and the New York Bar on December 8, 2005, reinstated him. See documentation attached.

11h. I serve on the board of directors of PPL Corporation ("PPL"), a Fortune 500 utility holding company. As described below, I and other directors of PPL were named as defendants in two related cases as the cases were initially filed in October, 2018; I and other PPL directors were dropped from the cases in January, 2019.

On October 29, 2018, Talen Montana, LLC filed a complaint against PPL and certain of its officers and directors (including Affiant) in the First Judicial District of the State of Montana, Lewis & Clark County ("Talen Direct Action"). On the same day, Talen Montana Retirement Plan and certain other creditors of Talen Montana filed a complaint against PPL and certain of its officers and directors in the Sixteenth Judicial District of the State of Montana, Rosebud County ("Talen Putative Class Action"). Talen Montana became a wholly-owned subsidiary of Talen Energy Corporation ("Talen Energy") as a result of the June 2015 spinoff of PPL Energy Supply, LLC. Talen Energy has owned and operated Talen Montana's business since the spinoff. At the time of the spinoff, affiliates of Riverstone Holdings, LLC acquired a 35% ownership interest in Talen Energy. Riverstone subsequently acquired the remaining interests in Talen Energy in 2016.

The complaints allege that in 2014 PPL and its officers and directors improperly distributed \$733 million of the proceeds from the November 2014 sale of Talen Montana's (then PPL Montana's) hydroelectric generating facilities to PPL's subsidiaries. The complaints also allege that PPL and certain current and former officers and directors of PPL and its subsidiaries breached their fiduciary duties in connection with the 2014 distribution. PPL believes that the referenced 2014 distribution of proceeds was made in compliance with all applicable laws and that PPL Montana was solvent upon the 2014 distribution. Additionally, in the agreements entered into with respect to the spinoff, affiliates of Talen Energy and Riverstone definitively agreed that PPL was entitled to retain the proceeds from the November 2014 sale of PPL Montana's hydroelectric generating facilities.

PPL believes that it has good and meritorious defenses to the asserted claims and fully plans to vigorously defend against these actions. To that end, on November 30, 2018, PPL Corporation filed a complaint ("Delaware Action") in the Delaware Court of Chancery against Talen Energy Corporation and certain Talen affiliates, including Riverstone Holdings LLC, its private equity owner, seeking damages and relief from the claims made by Talen in Montana state court.

In the Delaware Action, PPL, certain PPL subsidiaries, and certain current and former officers and directors (including Affiant) ask the Delaware Court of Chancery for declaratory and injunctive relief. This includes a declaratory judgment that, under the separation agreement governing the

## Attachment B

spinoff of PPL Energy Supply, all related claims that arise must be heard in Delaware; that the statute of limitations in Delaware bars such claims at this point; that PPL is not liable for Talen's claims as PPL Montana was solvent at all relevant times; and that the separation agreement requires that Talen indemnify PPL for all losses arising from the debts of Talen Montana, among other things.

PPL's complaint also seeks damages against Riverstone for interfering with the separation agreement and against Riverstone affiliates for breach of the implied covenant of good faith and fair dealing. In addition, it asks the court to order, on behalf of creditors, the recovery of the \$500 million "special cash dividend" that Riverstone extracted from Talen Energy in December 2017. That dividend occurred about one year after Riverstone, Talen Energy's then largest shareowner, completed a take-private transaction of Talen to become its sole owner.

In December 2018, PPL moved to dismiss the Talen Direct Action for lack of jurisdiction and, in the alternative, to dismiss because Delaware is the appropriate forum to decide this case. In January 2019, Talen Montana dismissed without prejudice all current and former PPL directors from the case.

In December 2018, PPL removed the Talen Putative Class Action from the Sixteenth Judicial District of the State of Montana to the United States District Court for the District of Montana, Billings Division. In January 2019, the plaintiffs moved to remand the Talen Putative Class Action back to state court and dismissed without prejudice all current and former PPL directors from the case.

The above explanation is based on language in PPL's quarterly S.E.C. filings. The cases are all in the early stages of litigation.

3. In 1999 my membership in the New York Bar was suspended for failure to register with the Office of Court Administration. My membership was not suspended for any other reason. Sometime thereafter I became aware of the suspension, filed a registration form, and have filed registration forms for each registration period thereafter. In August 2005 I received notice that although I had cured my failure to register, I was not a member in good

standing with the Bar because the order suspending me required that a motion for reinstatement be made, and I had not made such a motion. (Exhibit A hereto.) If I had been aware that such a motion was necessary, I would have made it in 1999.

4. I hereby move for reinstatement as a retired attorney, as I may wish to practice law at some point in the future and have enjoyed my affiliation with the New York Bar. I believe that my regular filing of registration forms reflects my good faith efforts to comply with Judiciary Law Section 468-a with respect to this matter, and my commitment to the Bar.

Therefore, I respectfully move for readmission as a retired member, and I assure this Court that I will not recommence the practice of law without paying the required registration fees and complying with the continuing legal education requirements of the New York State Bar.

  
Keith H. Williamson

Sworn to before me  
this 9<sup>th</sup> day of November, 2005

  
Notary Public

SUSAN BURBANK  
Notary Public  
Commission Expires Nov. 30, 2006

**Supreme Court State of New York**  
**Appellate Division First Department**  
**Attorney Records**  
60 Madison Avenue Room 202  
New York, New York 10010

August 19, 2005

Keith H. Williamson  
27 Waterview Drive  
Shelton, CT  
6484

Dear Mr. Williamson:

Enclosed please find a copy of an order of this Court, filed May 6, 1999, suspending you from the practice of law, effective June 7 1999, for failure to register with the Office of Court Administration as required by Judiciary Law § 468-a.

Although you cured your failure to register by filing your registration form as a retired attorney, you were not restored to good standing as a retired member of the bar of the State of New York. In order to be reinstated as member of the bar of the State of New York, you must file a *motion for reinstatement* with this Court. The motion should be on notice to the Departmental Disciplinary Committee, 61 Broadway, New York, New York, 10006, explaining the circumstances of your prior failure to register, and have attached copies of your current registration statement. The Court will consider these circumstances in deciding the motion. In the meantime, you remain suspended from the practice of law in New York.

Also, please note that you cannot be retired from the practice of law in New York unless you are not practicing law in any jurisdiction. If you are currently practicing law in another jurisdiction you must either pay the biennial fee or move for resignation from the New York bar with this Court.

Very truly yours,



Sarah Jo Hamilton, Esq.  
Attorney Records Clerk

At a Term of the Appellate Division of the Supreme Court held in and for the First Judicial Department in the County of New York on December 8, 2005.

12/9/05

PRESENT: Hon. Angela M. Mazzarelli, Justice Presiding  
David B. Saxe  
Betty Weinberg Ellerin  
Eugene Nardelli  
Milton L. Williams, Justices.

-----X  
In the Matter of Attorneys Who Are  
in Violation of Judiciary Law Section  
468-a:

Departmental Disciplinary Committee M-6429  
for the First Judicial Department,  
Petitioner,

Keith H. Williamson,  
admitted on 6-20-83, at a  
Term of the Appellate Division,  
First Department,  
Respondent.

-----X

An order of this Court having been entered on May 6, 1999 [M-344.630], inter alia, suspending the above-named respondent from practice as an attorney and counselor-at-law in the State of New York, effective June 7, 1999, and until the further order of this Court, for failure to comply with Judiciary Law § 468-a,

And respondent having moved for an order granting reinstatement as a retired attorney and counselor-at-law in the State of New York,

Now, upon reading and filing the papers with respect to the motion, and due deliberation having been had thereon, and it appearing that respondent complied with Judiciary Law §468-a on or about April 24, 2005, subsequent to the effective date of the aforesaid order,

It is ordered that the motion is granted and respondent is reinstated as a retired attorney and counselor-at-law in the state of New York, effective the date hereof.

ENTER:

Clerk

*Catherine O'Hagan Wolfe*